PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

or maintenance fee notifications.			seemy mg a ne	··· corresponder	ice address, unarer (b) marca	iting a separate TEE ADDRESS
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
WOLF, GREENFIELD & SACKS, P.C.						
600 Atlantic Avenue Boston, Massachusetts 02210-2206				Certificate of Mailing or Transmission		
				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				Heather A. McLennard		(Depositor's name)
					er A. McLennand/ 9/1/11	(Signature)
APPLICATION NO. FILING DATE		FIRST NAM	MED INVENT		ATTORNEY DOCKET NO	O. CONFIRMATION NO.
08/405,454 03/	08/405,454 03/15/1995		John B. Sullivan		P0786.70000US05	
TITLE OF INVENTION: ANTIVENOM COMPOSITION CONTAINING FAB FRAGMENTS						
APPLN. TYPE SMAL	L ENTITY	ISSUE FEE	PUBLICA	ATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,510.00			\$1,510.00	11/26/2011
EXAMINER		ART UNIT	CLASS-S	UBCLASS		
C. M. Woodward	1647			·		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Chang						
Correspondence Address f "Fee Address" indication (form PTO/SB/47; Rev 03-0	attached. (2) the nam a registered up to 2 reg	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
Use of a Customer Number is required. name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
BTG International Inc.		West Conshohocken, Pennsylvania				
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed	r1	4b. Payment of Fee(s):				
x Issue Fee		A che	A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			X Payment by credit card. Form PTO-2038 is attached.			
Advance Order -# of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825			
5. Change in Entity Status (from	status indicated al	bove)				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO is requested IOTE: The Issue Fee and Publication interest as shown by the records of the	Fee (if required) w	vill not be accepted from	anyone other t	e-apply any pre han the applicar	viously paid issue fee to the ap nt; a registered attorney or age	plication identified above. ent; or the assignee or other party in
Authorized Signature ////////////////////////////////////				<u></u>	Date S	eptember 1, 2011
Typed or printed name Michael T. Siekman				Registration No.	36,276	